

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

VERIFICATION REQUEST FORM

Please allow 7 - 10 business days for processing **or** submit your request electronically at <https://app.wi.gov/LicenseVerification>.

CREDIT CARD

\$10.00 FEE PER VERIFICATION

Credit Card Fees

1 = \$10.00
2 = \$20.00
3 = \$30.00

CHECK/MONEY ORDER

\$10.00 FEE PER VERIFICATION

(made payable to DSPS)

Check/MO Fees

1 = \$10.00
2 = \$20.00
3 = \$30.00

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

Name of License/Credential Holder:

License/Credential Number:

Profession:

Entity/State to Receive Verification: (Three (3) states max per form.)

If you wish to receive an email notice when the Verification has been processed, please list the email address below:

REQUIRED PAYMENT INFORMATION: Your request will not be processed unless all information below is completed.

Cardholder's Name:

Daytime Phone Number:

Email:

Cardholder's Address:

Street

City

State

Zip Code

Credit Card Number:

Expiration Date:



3-digit
security
code



4-digit
security
code

Security code:

AMOUNT: \$

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature:

DSPS uses RightFax to ensure safe and secure transmission of your payment information.

For Receipting Purposes